



REFINEMENT

REsearch on FINancing systems' Effect on the Quality of MENTAL health care



Raluca Sfetcu, Institute of Economic Forecast of the Romanian Academy of Science, Romania, Young Gastein 2012

Heinz Katschnig, Ludwig Boltzmann Institute for Social Psychiatry, Austria

Francesco Amaddeo, Department of Public Health and Community Medicine

Section of Psychiatry, Ospedale Policlinico "G.B. Rossi", Italy and the REFINEMENT Study Group *)

AIM

The overarching aim of the REFINEMENT project is to look at the relationship between different models of health care financing and the extent to which mental health care services can meet the goals of high quality, equity, efficiency and better long term health outcomes. The main focus of the project is to extend the knowledge about how health care financing arrangements impact on the performance of the mental health system.

EXPECTED RESULTS

The project will produce a set of "tools" intended to be used both by other countries and/or regions seeking to undertake analyses of their mental health systems and of the relationship between financing systems and health care outcomes. The tools are intended to be used as a decision support tool to aid decision makers in respect of which health care financing arrangements can be used in different country contexts to achieve objectives such as equity, efficiency, responsiveness to needs and quality of mental health care.

PROJECT OBJECTIVES

- To map and describe the characteristics (including incentives) of financing systems for mental health care in nine European countries;
- To describe the outcomes of mental health services, including quality of care, relative to differences in mental health financing;
- To describe typical pathways through the health and social care system by people with mental health needs, relative to differences in mental health financing;
- To build a series of health care financing models conducive to the promotion of high quality mental health care associated with better outcomes.

PROGRESS UP TO DATE

Data collection instruments for service mapping, for the identification of financing mechanisms as well as the associated incentives and for analyzing the most frequent pathways of care have been developed and tested.

REMAST (REFinement Mapping Services Toolkit)

a toolkit for mental health services mapping composed of:

- **Population data** – general population data is collected in order to provide a sound comparison basis for the project target group
- **Service inventory** – used to collect service basic information (e.g. name and type of service) as well as service data (e.g. number of staff, opening hours, property, management and funding source, etc.);
- **Mental health services: policies and description** (items of this section are derived from WHO-AIMS (WHO, 2005))
- **Geographical data** (service of reference, postal address, service area, real potential users) for GIS analysis
- **Verona SES index** – a socio-economic status (SES) index, created to explore the relationship between socio-economic variables and psychiatric service use.

Participants

The project implementation period is three years (2011 - 2013) and brings together 9 countries (Austria, Italy, UK, Finland, Spain, Norway, Estonia, France, and Romania).

REPATO - REfinement PATHways Toolkit

a Toolkit for Collecting Information on Pathways of Persons with Mental Disorders through Service Systems in European Countries

This toolkit is used for exploring the interface between primary and secondary care and describe the similarities and differences in the pathways which people usually follow in their countries. REPATO collects data on the most frequent and relevant pathways in mental health care relating to:

- Primary and specialist mental health care
- Readmission to hospital care
- Continuity of care
- Disengagement from mental health care

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FINCENTO (FINancing and inCENTive Toolkit)

a Mental Health Care Financing Toolkit composed of:

- **FINCENTO A** - a tool for analysing the flow of finances in the health and social sector, starting from collecting funds over pooling and allocating them to paying providers
- **FINCENTO B** - a tool for exploring the role of financial incentives (including disincentives) in the flow of finances, with emphasis on (1) *the influence that payments to organizations and individuals have on the quality of mental health services they deliver to consumers* (2) *the role of consumer co-payments in this respect*. The tool also explores (3) *the incentives embedded in the health care system in the areas of collecting, pooling and allocating funds*.

References

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